



Alabama State Board of Occupational Therapy

Physical Address: 334-353-4466
64 N. Union Street
Suite 734
Montgomery, AL 36130-4510

Mailing Address:
P.O. Box 3926
Montgomery, AL 36109-0926

INSTRUCTIONS — APPLICATION FOR LICENSING AS OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT

The Alabama Occupational Therapy Practice Act requires the following prior to an application being reviewed by the Board:

1. completed and signed application
2. a letter of verification from NBCOT (form enclosed)
3. license verification from each state where you hold or have held a license (form enclosed)
4. name of licensed occupational therapist supervisor for COTA's
5. appropriate fee (cashier's check or money order)

Initial licenses will expire in approximately 1 year. Subsequent renewal license are for two years, and the fees will be \$115.00 for OTR's and \$95.00 for COTA's.

No license will be issued until the application, NBCOT verification, state verification(s) and the appropriate fees are received and processed. Any person who practices occupational therapy in Alabama without securing a license, shall be in violation of Act 90-383, and shall be guilty of a misdemeanor punishable by a fine and/or imprisonment.

DO NOT DETACH THIS PAGE

ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY

APPLICATION FOR LICENSING AS OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

IMPORTANT: ALL QUESTIONS AND STATEMENTS MUST BE ANSWERED. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO ADDITIONAL PROCESSING FEES.

1. I hereby make application for licensure to practice as an: (check one): <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant					Continuing Education	Expiration Date	Date Filed	Date Received	Amount Received	OFFICE USE ONLY NAME (Last, First, M.I.) License Number
Date of Application		Social Security Number								
2. Name (Last, First, Middle)										
3. MAILING ADDRESS (Street, P.O. Box, Rural Route)										
City		Telephone (area code and number)								
State	Zip Code									
4. Employer Name										
Facility Address		Telephone (area code and number)								
City	State	Zip Code	Date Employment Will Begin:							
Supervising Occupational Therapist (for Occupational Therapy Assistants) Name: _____ Alabama License No.: _____										
CIRCLE #3 OR #4 FOR PREFERRED ADDRESS FOR PUBLIC DISCLOSURE. IF NO INDICATION, THEN EMPLOYER ADDRESS WILL BE GIVEN.										
5. Date and place of birth:										
6. Physical Characteristics	Height	Weight	Color Hair	Color Eyes						
Other identifying marks:										
7. Name of Spouse										
8. Father's Name			Mother's Maiden Name							
9. Area of practice or special interests (check as many as you wish).										
Mental Health	_____	Education	_____	Pets	_____					
School System	_____	Pediatrics	_____	Driving	_____					
Physical Disability	_____	Technology	_____	Aquatics	_____					
Management/Admin	_____	Gerontology	_____	Other	_____					
10. EDUCATION										
A. List names of institutions attended after high school with location, dates, and degrees, beginning with most recent.										
Institution/Location			Dates		Degree					
Attach photograph — PHOTO — Not retouched, showing head-shoulders Front view. Must be attached here. DO NOT USE STAPLES.										

11. EDUCATION (Continued)

B. Occupational Therapy Program attended

Name	Location
Dates of Attendance	
Graduated (month, day, year)	

C. Occupational Therapy Degree

<input type="checkbox"/> OT Assistant, A.A. <input type="checkbox"/> OT, B.S./B.A. <input type="checkbox"/> OT, M.S./M.O.T.	<input type="checkbox"/> Certificate <input type="checkbox"/> Other (explain) _____ _____
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12. Have you ever had a license to practice occupational therapy issued to you by another state?

If yes, please list state(s), number(s) and dates.

Name of State	License Number	Date Obtained	Date Expires	How Obtained (exam, endorsement, etc.)

13. Professional Practice. List the places where you have practiced as an Occupational Therapist/Assistant, within the last five years, beginning with the most recent. (Attach separate sheet if necessary)

Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving

If the answer to any of the following questions (14 through 19) is yes, please attach a separate sheet and give complete details.	YES (✓)	NO (✓)
14. Have you ever been sued for malpractice?		
15. Have you ever pled guilty or been convicted of a misdemeanor or felony criminal offense? If yes, please list state, charge and outcome.		
16. Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy?		
17. Has any state, nation, or territory licensing authority denied, reprimanded, suspended, or revoked a license issued to you?		
18. Do you have a physical or mental disability?		
19. Does this disability impair your performance as an occupational therapist/assistant?		

A LICENSE MAY BE DENIED, SUSPENDED, OR REVOKED OR A LICENSEE OTHERWISE DISCIPLINED IF THE APPLICANT OR LICENSEE HAS OBTAINED OR ATTEMPTED TO OBTAIN A LICENSE BY FRAUD OR DECEPTION (SEE § 34-39-12, ALABAMA OCCUPATIONAL THERAPY PRACTICE ACT).

AFFIDAVIT OF APPLICANT

NOTE: THIS CERTIFICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC.

THE STATE OF _____ THE COUNTY OF _____

Before me, the undersigned authority, on this date personally appeared _____ who being duly sworn by me stated that he/she is the person referred to in this application for license as an Occupational Therapist or Occupational Therapy Assistant in the State of Alabama, and that the statements herein are each, and all, strictly true in every respect.

Signature of Applicant

Sworn before me this _____ day of _____, 20 _____

Notary Public

My commission expires _____ in and for the State of _____

Enclosed is a cashier's check or money order in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.

Initial License

O.T. R. — \$115.00 ☐

C.O.T.A. — \$95.00 ☐

Total amount enclosed

\$ _____

Complete application and mail with appropriate fee to:

Alabama State Board of Occupational Therapy

P.O. Box 3926

Montgomery, AL 36109-0926

VERIFICATION OF LICENSURE

INSTRUCTIONS

APPLICANT:

Complete Section 1 and forward a copy to each state where you hold or have held a license to practice occupational therapy. (Some states charge a fee).

LICENSURE BOARD:

Please complete Section 2 and return completed form to

Alabama State Board of Occupational Therapy
P.O. Box 3926
Montgomery, AL 36109-3926

SECTION 1

I am applying for licensure in the State of Alabama and am requesting that you verify my occupational therapy license directly to the Alabama State Board of Occupational Therapy.

Name _____

License No. _____ Date of Issuance _____

Signature _____ Date _____

SECTION 2 (for licensure board only)

License is: Current _____ Expired _____ Revoked _____

Is Licensee in good standing? Yes _____ No _____

Has there been any disciplinary action taken or is there any complaints and/or legal action pending against the Licensee?

Yes _____ No _____ If yes, please explain _____

Signed _____

Title _____

Board

State Board _____

Seal

Date _____

NBCOT Verification of Certification Request Form

COMMON QUESTIONS REGARDING NBCOT VERIFICATION OF CERTIFICATION TO STATE BOARDS AND OTHER AGENCIES

Who is NBCOT?

The National Board for Certification in Occupational Therapy, Inc. (NBCOT) is the independent national credentialing agency that certifies persons as an OCCUPATIONAL THERAPIST REGISTERED OTR® or as a CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®.

Score Information

If a state or other agency is asking for your **score report**, you will need to place your order with our testing agency, **Professional Examination Service (PES)**. You may call our office (301) 990-7979 and ask to be placed in the score information voice box, or you may obtain an order form on our web site: www.nbcot.org. NBCOT **does not** report scores. It is in your best interest to contact the board in the state in which you are applying for licensure to see which service it requires. You should ask: "Do I need a score report or a verification letter?"

Please note, if you were certified prior to **1985, your score information cannot be reported. **

Verification Fee and Processing Information

The fee for **each** verification letter request is **\$30.00**. NBCOT will accept a personal check, money order, or credit card payment -Visa or MasterCard. Requests submitted without the required fee will be returned. There is a \$30.00 fee for any returned check.

Verification fees are non-refundable. Please allow **2 weeks** for your request to be processed and mailed.

Where should I send my request?

◆ Credit Card payments via fax: If you are paying by credit card, you may fax this form to: (301) 869-8492. Our fax machine is available 7 days a week, 24 hours a day. You are faxing to a secure location.

◆ Personal Check, Money Order, Credit Card, non-fax: Please mail your request to our bank lock box, **not** our street address. Submit your request to:
NBCOT, Inc.
Attn: Verification Letter
P.O. Box 64971
Baltimore, MD 21264-4971

.. NO PHONE ORDERS OF
ANY TYPE ARE ACCEPTED..

◆ Can I provide an overnight envelope to a state board?

◆ **YES.** If you wish to provide a **pre-paid, addressed, overnight/2-day** (Fed-Ex, UPS, Express, Priority) envelope to a state board or agency, please send your request to our street address:

NBCOT, Inc.
Attn: Verification Letter
800 South Frederick Ave
Suite 200
Gaithersburg, MD 20877

The name on my NBCOT record

If your name is different from what our certification records reflect, and you want the verification notice processed in your new name, the NBCOT requires legal documentation of the name change (i.e., marriage license, divorce decree, or court order). Submit an original certified copy or a notarized photocopy (i.e., copy the document and have it notarized) to reflect your change in name. Please attach your name change documentation to your verification request.

◆ If you are submitting a name change, you must **mail** your entire request (name change documents, fees, and this form) to the **Baltimore, MD address**. Faxed requests can **NOT** be honored.◆

◆ NBCOT VERIFICATION OF CERTIFICATION REQUEST FORM ◆

Side 2 of 2

To request a letter verifying your NBCOT certification, complete this form. Please **print** or **type** your request. The letter NBCOT produces will include; your name, your certification number, the day-month-year you were certified, the day-month-year you are certified through (renewal date), your status as either an OTR or COTA, and a disciplinary comment. **REMINDER: THIS LETTER IS PROCESSED ONLY IF YOU HAVE TAKEN AND PASSED THE CERTIFICATION EXAMINATION.**

Please check one- I have: **A)** Faxed my verification request _____ **B)** Mailed my verification request _____

* If you have faxed your request, please allow ample processing time (one week) to verify receipt of your request.

◆ FULL NAME _____

◆ CERTIFICATION NUMBER _____

◆ CIRCLE ONE: OTR OR COTA

◆ STREET ADDRESS- _____

◆ HOME AREA CODE/PHONE NUMBER _____

Please check if address is new _____

◆ DAYTIME AREA CODE/PHONE NUMBER _____

◆ CITY, STATE, ZIP CODE, COUNTRY _____

◆ STATE BOARD, EMPLOYER OR AGENCY TO SUBMIT VERIFICATION REQUEST. (If 2 or more state boards, please abbreviate – i.e. MD & VA) _____

◆ SOCIAL SECURITY NUMBER _____

◆ DATE OF BIRTH (Month/ Day / Year) _____

ADDITIONAL INFORMATION

1. Please **do not** enclose a self addressed stamped envelope (.34 cent SASE) to your state board.
2. Verification letters **cannot** be faxed.
3. Please check here if you are taking or have taken the certification exam in **2002**.
Winter 2002 Examination _____
Spring 2002 Examination _____
4. Please check here if you have enclosed name change documentation.

Name change documentation enclosed _____

If I have enclosed name change documentation and would like my notarized/certified documents returned, I have enclosed a Self-Addressed Stamped Envelope (SASE). _____

METHOD OF PAYMENT: - \$ 30.00 per letter

A) Visa _____ MasterCard _____

Credit Card Number: _____

Expiration Date: Month _____ Year _____

Amount of Credit Card Charge: _____

Signature - Required for Credit Card Requests _____

B) Check _____ Money Order _____

Verification Letter Order Date _____

QUESTIONS REGARDING MY VERIFICATION REQUEST

Please feel free to contact the NBCOT directly:
301-990-7979 X3131 or via e-mail: verify@nbcot.org